

DECLARATION FOR UTILITY PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled;

Method and Device for Applying Pressure to the Whole of the Chest Area of Post
Chest Surgery Patients

☒ The specification of which is attached hereto.

☐ The specification of which was filed on _____ as part of application no. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information that is material to the patentability of the invention as claimed in this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Application Ser. No.	Country	Day/Month/Year Filed
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 that occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Ser. No.	Filing Date	Status:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: : Rafi Bamdad

Inventor's signature: Rafi Bamdad

Date: 10/27/2001

Residence: Saratoga, California Citizenship: United States

Post Office Address: 13250 Pierce Road, Saratoga, Ca. 95070

Full name of second inventor: : Amir Farsio

Inventor's signature: Amir Farsio

Date: 10/27/01

Residence: Morgan Hill, California Citizenship: United States

Post Office Address: 18402 Llagas Creek Drive, Morgan Hill California 95037

Full name of third inventor: : Hamid Mehdizadeh

Inventor's signature: Hamid Mehdizadeh

Date: 10/27/01

Residence: Los Gatos, California Citizenship: United States

Post Office Address: 14928 Diduca Way, Los Gatos, California 95032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
) Art Unit: N/A
 Bamdad, et al.)
) Examiner: N/A
 Application. N/A)
)
 Filed:)
)
 For: Method and Device for Applying) POWER OF ATTORNEY
 Pressure to the Whole of the Chest Area of)
 Post Chest Surgery Patients)
)

Honorable Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:

Medical Pillows, Inc. assignee of the above-mentioned application, hereby
appoints;

KAMAREI, Ali (37,000);

as its attorney with full power of substitution to prosecute this application,
and to transact all business in the Patent and Trademark Office in connection
therewith. Please direct all correspondence to the following:

Ali Kamarei
INHOUSE IP Counsel
280 Colorado Avenue
Palo Alto, California 94301

Date: 10/27/2001



Rafi Bamdad
Secretary of the Corporation
Medical Pillows, Inc.

Applicant or Patentee: Bamdad, et al.
Serial or Patent No.: N/A
Filed or Issued:

Attorney's
Docket No.: Pillow-01

For: Method and Device for Applying Pressure to the Whole of the Chest Area of Post Chest Surgery Patients

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS [37 CFR 1.9(f)] - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Medical Pillows, Inc.

ADDRESS OF CONCERN: 3315 Edward Avenue, Santa Clara, California. 95054

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled Method and Device for Applying Pressure to the Whole of the Chest Area of Post Chest Surgery Patients

inventor(s) Bamdad, et al. described in

☒ the specification filed herewith.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time or paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Hamid Mehdizadeh

TITLE OF PERSON OTHER THAN OWNER: President

ADDRESS OF PERSON SIGNING: 3315 Edward Avenue, Santa Clara, California. 95054

SIGNATURE

Hamid Mehdizadeh DATE 10/27/01

CERTIFICATE UNDER 37 CFR 3.73

Applicants: Bamdad, et al.

Application No.: _____

Filed: _____

Entitled: Method and Device for Applying Pressure to the Whole of the Chest Area of Post Chest Surgery Patients

Medical Pillows, Inc., a Corporation,
(name of assignee)

certifies that is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:

☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

☐ A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, for which a copy thereof is attached.
2. From _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, for which a copy thereof is attached.
3. From _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, for which a copy thereof is attached.

The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: 10/27/01

Signature: _____

Name: Hamid Mehdizadeh
Title: President
Medical Pillows, Inc.